



Reimbursement Request Form

Employer Name:	
Mailing Address:	<hr/> <hr/> <hr/>
Contact Person:	
Phone Number:	
Email:	

Total amount for which you are requesting reimbursement: \$_____

Please attach paid invoice(s) for the electric vehicle charging station equipment and installation costs.

Please complete and return to:

NJDEP, Bureau of Mobile Sources, Mail Code 420-02E, Trenton, NJ 08625-0420

or scan documents and email to DriveGreen@dep.nj.gov.